

# Electronic Filing Instructions for your 2019 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Laura M Mattiace  
186 Locust Street, Apt. PVT  
Floral Park, NY 11001

<b>Balance Due/Refund</b>	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$1,369.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.
<b>When Will You Get Your Refund?</b>	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2020. To get your estimated refund date from TurboTax, log into My TurboTax at <a href="http://www.turbotax.com">www.turbotax.com</a> . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check <a href="http://www.irs.gov">www.irs.gov</a> and select the "Where's my refund?" link.
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your federal return
<b>2019 Federal Tax Return Summary</b>	Adjusted Gross Income \$ 70,404.00 Taxable Income \$ 58,204.00 Total Tax \$ 8,607.00 Total Payments/Credits \$ 9,976.00 Amount to be Refunded \$ 1,369.00 Effective Tax Rate 12.23%

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2019** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ►

Your first name and middle initial <b>Laura M</b>	Last name <b>Mattiace</b>	<b>Your social security number</b> <b>125-80-1511</b>
If joint return, spouse's first name and middle initial	Last name	<b>Spouse's social security number</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>186 Locust Street</b>		Apt. no. <b>PVT</b>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Floral Park NY 11001</b>		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ► <input type="checkbox"/>		

**Standard Deduction** Someone can claim:  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You:  Were born before January 2, 1955  Are blind Spouse:  Was born before January 2, 1955  Is blind

<b>Dependents</b> (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	1	68 , 514 .
2a	Tax-exempt interest . . . . .	2a	
3a	Qualified dividends . . . . .	3a	840 .
4a	IRA distributions . . . . .	4a	
c	Pensions and annuities . . . . .	4c	
5a	Social security benefits . . . . .	5a	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	6	
7a	Other income from Schedule 1, line 9 . . . . .	7a	1 , 050 .
b	Add lines 1, 2b, 3b, 4b, 5b, 6, and 7a. This is your <b>total income</b> . . . . .	7b	70 , 404 .
8a	Adjustments to income from Schedule 1, line 22 . . . . .	8a	
b	Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . .	8b	70 , 404 .
9	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	9	12 , 200 .
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	10	
11a	Add lines 9 and 10 . . . . .	11a	12 , 200 .
b	<b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .	11b	58 , 204 .

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2019)

**Standard Deduction for—**

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under *Standard Deduction*, see instructions.

<b>12a</b>	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>12a</b>	8 , 607 .	<b>12b</b>	8 , 607 .
b	Add Schedule 2, line 3, and line 12a and enter the total . . . . . ►	<b>13a</b>			
<b>13a</b>	Child tax credit or credit for other dependents . . . . .	<b>13a</b>		<b>13b</b>	
b	Add Schedule 3, line 7, and line 13a and enter the total . . . . . ►				
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0 . . . . .	<b>14</b>	8 , 607 .		
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10 . . . . .	<b>15</b>	0 .		
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b> . . . . . ►	<b>16</b>	8 , 607 .		
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>17</b>	9 , 976 .		
<b>18</b>	Other payments and refundable credits:	No		<b>18e</b>	
a	Earned income credit (EIC) . . . . .	<b>18a</b>			
b	Additional child tax credit. Attach Schedule 8812 . . . . .	<b>18b</b>			
c	American opportunity credit from Form 8863, line 8 . . . . .	<b>18c</b>			
d	Schedule 3, line 14 . . . . .	<b>18d</b>			
e	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b> . . . . . ►				
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b> . . . . . ►	<b>19</b>	9 , 976 .		

**Refund**Direct deposit?  
See instructions.

<b>20</b>	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b> . . . . .	<b>20</b>	1 , 369 .																							
<b>21a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here ► <input type="checkbox"/>	<b>21a</b>	1 , 369 .																							
► b	Routing number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
► d	Account number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b> . . . . . ►	<b>22</b>																								

**Amount You Owe**

<b>23</b>	<b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions . . . . . ►	<b>23</b>	
<b>24</b>	Estimated tax penalty (see instructions) . . . . . ►	<b>24</b>	

**Third Party Designee**

(Other than paid preparer)

Designee's name ►	Phone no. ►	Personal identification number (PIN) ► <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

**Sign Here**Joint return?  
See instructions.  
Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Spouse's signature. If a joint return, <b>both</b> must sign. ►		Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Phone no.	Email address								

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ►	Self-Prepared	Phone no.	Firm's EIN ►	
Firm's address ►				

**SCHEDULE 1**  
**(Form 1040 or 1040-SR)**Department of the Treasury  
Internal Revenue Service**Additional Income and Adjustments to Income**

► Attach to Form 1040 or 1040-SR.  
 ► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2019**Attachment  
Sequence No. 01

Name(s) shown on Form 1040 or 1040-SR

Laura M Mattiace

Your social security number  
125-80-1511At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . . .  Yes  No**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	1
2a	Alimony received . . . . .	2a
b	Date of original divorce or separation agreement (see instructions) ►	
3	Business income or (loss). Attach Schedule C . . . . .	3
4	Other gains or (losses). Attach Form 4797 . . . . .	4
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	5
6	Farm income or (loss). Attach Schedule F . . . . .	6
7	Unemployment compensation . . . . .	7
8	Other income. List type and amount ► Other Income from box 3 of 1099-Misc 1,050.	8 1,050.
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .	9 1,050.

**Part II Adjustments to Income**

10	Educator expenses . . . . .	10
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	11
12	Health savings account deduction. Attach Form 8889 . . . . .	12
13	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	13
14	Deductible part of self-employment tax. Attach Schedule SE . . . . .	14
15	Self-employed SEP, SIMPLE, and qualified plans . . . . .	15
16	Self-employed health insurance deduction . . . . .	16
17	Penalty on early withdrawal of savings . . . . .	17
18a	Alimony paid . . . . .	18a
b	Recipient's SSN . . . . . ►	
c	Date of original divorce or separation agreement (see instructions) ►	
19	IRA deduction . . . . .	19
20	Student loan interest deduction . . . . .	20
21	Tuition and fees. Attach Form 8917 . . . . .	21
22	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a . . . . .	22

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 03/29/20 TTW

Schedule 1 (Form 1040 or 1040-SR) 2019

**SCHEDULE B**  
(Form 1040 or 1040-SR)

Department of the Treasury  
Internal Revenue Service (99)

## **Interest and Ordinary Dividends**

OMB No. 1545-0074

2019

Attachment  
Sequence No. **08**

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Name(s) shown on return

Laura M Mattiace

Your social security number  
125-80-1511

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## Part I

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

(See instructions  
and the  
instructions for  
Forms 1040 and  
1040-SR, line 2b.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

**Note:** If line 4 is over \$1,500, you must complete Part III.

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## **Part II**

- 5** List name of payer ► 500 INDEX FUND ADM

840.19

# Ordinary Dividends

(See instructions  
and the  
instructions for  
Forms 1040 and  
1040-SR, line 3b.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ►

6 840.19

**Note:** If line 6 is over \$1,500, you must complete Part III.

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## **Part III**

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Y<sub>2</sub>O<sub>3</sub>-N<sub>2</sub>

# Foreign Accounts and Trusts

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

- 7a** At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .  
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .

**b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

**8** During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .

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For Paperwork Reduction Act Notice, see your tax return instructions. BAA

REV 03/29/20 TTW

**Schedule B (Form 1040 or 1040-SR) 2019**

**Tax History Report**

► Keep for your records

**2019**

Name(s) Shown on Return

Laura M Mattiace

	<b>Five Year Tax History:</b>				
	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
Filing status . . . . .	Single	Single	Single	Single	Single
Total income . . . . .	32,249.	48,693.	54,172.	55,937.	70,404.
Adjustments to income					
Adjusted gross income	32,249.	48,693.	54,172.	55,937.	70,404.
Tax expense . . . . .	1,388.	2,372.	2,733.	2,891.	3,719.
Interest expense . . .					
Contributions . . . . .			100.		
Misc. deductions . . .					
Other itemized ded'n's					
Total itemized/ standard deduction . .	6,300.	6,300.	6,350.	12,000.	12,200.
Exemption amount . .	4,000.	4,050.	4,050.	0.	0.
QBI deduction . . . . .					
Taxable income . . . .	21,949.	38,343.	43,772.	43,937.	58,204.
Tax . . . . .	2,828.	5,328.	6,635.	5,560.	8,607.
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .	4,144.	7,190.	8,394.	7,313.	9,976.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .	1,316.	1,862.	1,759.	1,753.	1,369.
Effective tax rate % . .	8.77	10.94	12.25	9.94	12.23
**Tax bracket % . . . .	15.0	25.0	25.0	22.0	22.0

\*\*Tax bracket % is based on Taxable income.

**Form 1040 Qualified Dividends and Capital Gain Tax Worksheet**

**2019**

**Line 12a**

► Keep for your records

Name(s) Shown on Return  
Laura M Mattiace

Social Security Number  
125-80-1511

- 1 Enter the amount from Form 1040 or 1040-SR, line 11b . . . . . **1** 58,204.
- 2 Enter the amount from Form 1040 or 1040-SR, line 3a . . . . . **2** 840.
- 3 Are you filing Schedule D?
 

Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . . **3** \_\_\_\_\_

No. Enter the amount from Form 1040 or 1040-SR, line 6. **4** 840.
- 5 If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- . . . . . **5** 0.
- 6 Subtract line 5 from line 4. If zero or less, enter -0- . . . . . **6** 840.
- 7 Subtract line 6 from line 1. If zero or less, enter -0- . . . . . **7** 57,364.
- 8 Enter:
 

\$39,375 if single or married filing separately,  
\$78,750 if married filing jointly or qualifying widow(er),  
\$52,750 if head of household. **8** 39,375.
- 9 Enter the smaller of line 1 or line 8 . . . . . **9** 39,375.
- 10 Enter the smaller of line 7 or line 9 . . . . . **10** 39,375.
- 11 Subtract line 10 from line 9 (this amount taxed at 0%) . . . . . **11** 0.
- 12 Enter the smaller of line 1 or line 6 . . . . . **12** 840.
- 13 Enter the amount from line 11 . . . . . **13** 0.
- 14 Subtract line 13 from line 12. . . . . **14** 840.
- 15 Enter:
 

\$434,550 if single,  
\$244,425 if married filing separately,  
\$488,850 if married filing jointly or qualifying widow(er),  
\$461,700 if head of household. **15** 434,550.
- 16 Enter the smaller of line 1 or line 15 . . . . . **16** 58,204.
- 17 Add lines 7 and 11 . . . . . **17** 57,364.
- 18 Subtract line 17 from line 16. If zero or less, enter -0- . . . . . **18** 840.
- 19 Enter the smaller of line 14 or line 18 . . . . . **19** 840.
- 20 Multiply line 19 by 15% (0.15) . . . . . **20** 126.
- 21 Add lines 11 and 19 . . . . . **21** 840.
- 22 Subtract line 21 from line 12 . . . . . **22** 0.
- 23 Multiply line 22 by 20% (0.20) . . . . . **23** 0.
- 24 Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. . . . . **24** 8,481.
- 25 Add lines 20, 23, and 24 . . . . . **25** 8,607.
- 26 Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. . . . . **26** 8,668.
- 27 **Tax on all taxable income.** Enter the **smaller** of line 25 or line 26 here and on Form 1040 or 1040-SR, line 12a. . . . . **27** 8,607.

# Tax Payments Worksheet

2019

► Keep for your records

Name(s) Shown on Return Laura M Mattiace	Social Security Number 125-80-1511
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## Estimated Tax Payments for 2019 (If more than 4 payments for any state or locality, see Tax Help)

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID
1 04/15/19		04/15/19			04/15/19		
2 06/17/19		06/17/19			06/17/19		
3 09/16/19		09/16/19			09/16/19		
4 01/15/20		01/15/20			01/15/20		
5							
5							
5							
5							
5							
5							
Tot Estimated Payments . . .							

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2019 . . .					
7 Credited by estates and trusts . . .					
8 Totals Lines 1 through 7 . . . . .					
9 2019 extensions . . . . .					

Taxes Withheld From:	Federal		State		Local	
10 Forms W-2 . . . . .	9 , 976 .		3 , 687 .			
11 Forms W-2G . . . . .						
12 Forms 1099-R . . . . .						
13 Forms 1099-MISC, 1099-K and 1099-G . . . . .						
14 Schedules K-1 . . . . .						
15 Forms 1099-INT, DIV and OID . . . . .						
16 Social Security and Railroad Benefits . . . . .						
17 Form 1099-B . . . . .	St   Loc					
18 a Other withholding . . . . .	St   Loc					
b Other withholding . . . . .	St   Loc					
c Other withholding . . . . .	St   Loc					
d Positive Adjustment . . . . .	St   Loc					
e Negative Adjustment . . . . .	St   Loc					
f Additional Medicare Tax . . . . .						
19 Total Withholding Lines 10 through 18f . . . . .	9 , 976 .		3 , 687 .			
20 Total Tax Payments for 2019 . . . . .	9 , 976 .		3 , 687 .			

Prior Year Taxes Paid In 2019 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2018 extensions . . . . .				
22 2018 estimated tax paid after 12/31/2018 . . . . .				
23 Balance due paid with 2018 return . . . . .	32 .	NY		
24 Other (amended returns, installment payments, etc) . . . . .				

# Federal Carryover Worksheet

2019

► Keep for your records

Name(s) Shown on Return Laura M Mattiace	Social Security Number 125-80-1511
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## 2018 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
NY			2,850.	32.		
<b>Totals . .</b>			<b>2,850.</b>	<b>32.</b>		

## 2018 State Extension Information

(a) State	(b) Paid With Extension

## 2018 Locality Extension Information

(a) Locality	(b) Paid With Extension

## 2018 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

## 2018 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

## 2018 State Taxes Due Information

(a) State	(e) Paid With Return
NY	32.

## 2018 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

## 2018 State Refund Applied Information

(a) State	(g) Applied Amount

## 2018 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

## 2018 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
NY	2,850.	

## 2018 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Laura M Mattiace

125-80-1511

Other Tax and Income Information		2018	2019
1 Filing status . . . . .	1	1 Single	1 Single
2 Number of exemptions for blind or over 65 (0 - 4) . . . . .	2		
3 Itemized deductions . . . . .	3	2,891.	3,719.
4 Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5 Adjusted gross income . . . . .	5	55,937.	70,404.
6 Tax liability for Form 2210 or Form 2210-F . . . . .	6	5,560.	8,607.
7 Alternative minimum tax . . . . .	7		
8 Federal overpayment applied to next year estimated tax . . . . .	8		

[QuickZoom to the IRA Information Worksheet for IRA information](#) ►

Excess Contributions		2018	2019
9 a Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .	9 a		
b Spouse's excess Archer MSA contributions as of 12/31 . . . . .	b		
10 a Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	10 a		
b Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	b		
11 a Taxpayer's excess HSA contributions as of 12/31 . . . . .	11 a		
b Spouse's excess HSA contributions as of 12/31 . . . . .	b		
Loss and Expense Carryovers		2018	2019
Note: Enter all entries as a positive amount			
12 a Short-term capital loss. . . . .	12 a		
b AMT Short-term capital loss . . . . .	b		
13 a Long-term capital loss . . . . .	13 a		
b AMT Long-term capital loss . . . . .	b		
14 a Net operating loss available to carry forward . . . . .	14 a		
b AMT Net operating loss available to carry forward . . . . .	b		
15 a Investment interest expense disallowed . . . . .	15 a		
b AMT Investment interest expense disallowed . . . . .	b		
16 Nonrecaptured net Section 1231 losses from:	a b c d e f	2019... 2018... 2017... 2016... 2015... 2014...	16 a      
17 AMT Nonrecap'd net Sec 1231 losses from:	a b c d e f	2019... 2018... 2017... 2016... 2015... 2014...	17 a      

Federal Carryover Worksheet page 3

2019

Laura M Mattiace

125-80-1511

Credit Carryovers					2018	2019	
18	General business credit . . . . .		18				
19	Adoption credit from:	a 2019 . . . . . b 2018 . . . . . c 2017 . . . . . d 2016 . . . . . e 2015 . . . . . f 2014 . . . . .		19a b c d e f			
20	Mortgage interest credit from:	a 2019 . . . . . b 2018 . . . . . c 2017 . . . . . d 2016 . . . . .		20a b c d			
21	Credit for prior year minimum tax . . . . .		21				
22	District of Columbia first-time homebuyer credit . . . . .		22				
23	Residential energy efficient property credit . . . . .		23				
Other Carryovers					2018	2019	
24	Section 179 expense deduction disallowed . . . . .		24				
25	Excess foreign housing deduction:	a Taxpayer (Form 2555, line 46) . . . . . b Taxpayer (Form 2555, line 48) . . . . . c Spouse (Form 2555, line 46) . . . . . d Spouse (Form 2555, line 48) . . . . .		25a b c d			
Charitable Contribution Carryovers							
26	2018 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash	Qualified
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%	(f) 100%
		a 2018 . . . . .	0.				0.
		b 2017 . . . . .					
		c 2016 . . . . .					
		d 2015 . . . . .					
e 2014 . . . . .							
27	2019 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%	
		a 2019 . . . . .					
		b 2018 . . . . .					
		c 2017 . . . . .					
		d 2016 . . . . .					
e 2015 . . . . .							
28	Amount overpaid less earned income credit. . . . .					1,753.	
Qualified Business Income Deduction (Section 199A) carryovers					2018	2019	
29	Qualified business loss carryforward . . . . .	29					
30	Qualified PTP loss carryforward . . . . .	30					
2018 State Capital Loss Carryovers (For users not transferring from the prior year)							
State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State	

# Electronic Filing Instructions for your 2019 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



LAURA M MATTIACE  
186 LOCUST STREET PVT  
Floral Park, NY 11001

<b>Balance Due/ Refund</b>	Your New York state tax return (Form IT-201) shows a balance due of \$114.00.  Your return shows you have elected to pay your balance due of \$114.00 by Direct Debit using the following information: <ul style="list-style-type: none"><li>- Amount Withdrawn: \$114.00</li><li>- Account Number: 23283381</li><li>- Routing Transit Number: 021000089</li><li>- Date of Withdrawal: 04/09/2020</li></ul> To inquire about the status of your Direct Debit call the New York State Department of Taxation and Finance directly at 1-518-457-5181.								
<b>No Signature Document Needed</b>	No signature form is required since you signed your return electronically.								
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns								
<b>2019 New York Tax Return Summary</b>	<table><tbody><tr><td>Taxable Income</td><td>\$ 65,822.00</td></tr><tr><td>Total Tax</td><td>\$ 3,801.00</td></tr><tr><td>Total Payments/Credits</td><td>\$ 3,687.00</td></tr><tr><td>Payment Due</td><td>\$ 114.00</td></tr></tbody></table>	Taxable Income	\$ 65,822.00	Total Tax	\$ 3,801.00	Total Payments/Credits	\$ 3,687.00	Payment Due	\$ 114.00
Taxable Income	\$ 65,822.00								
Total Tax	\$ 3,801.00								
Total Payments/Credits	\$ 3,687.00								
Payment Due	\$ 114.00								

**Resident Income Tax Return**

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2019, through December 31, 2019, or fiscal year beginning ...

19

and ending ...

**For help completing your return, see the instructions, Form IT-201-I.**

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)	Your Social Security number
LAURA	M	MATTIACE		10061992	125801511
Spouse's first name	MI	Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions, page 14) (number and street or PO box)				Apartment number	New York State county of residence
186 LOCUST STREET				PVT	NASSAU
City, village, or post office		State	ZIP code	Country (if not United States)	
FLORAL PARK		NY	11001	FLORAL PARK-BELLEROSE	
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)				Apartment number	School district name
					FLORAL PARK-BELLEROSE
					School district code number ..... 195
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
		NY		Decedent information	

**A Filing status**

- (mark an X in one box):
- ①  Single
  - ②  Married filing joint return  
(enter spouse's Social Security number above)
  - ③  Married filing separate return  
(enter spouse's Social Security number above)
  - ④  Head of household (with qualifying person)
  - ⑤  Qualifying widow(er)

**B Did you itemize** your deductions on your 2019 federal income tax return? ..... Yes  No

**C Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes  No

**H Dependent information** (see page 16)

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an X in the box. 

201001191555



For office use only

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Your Social Security number
125801511

**Federal income and adjustments** (see page 16)

- 1 Wages, salaries, tips, etc. ....
- 2 Taxable interest income .....
- 3 Ordinary dividends .....
- 4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....
- 5 Alimony received .....
- 6 Business income or loss (submit a copy of federal Schedule C, Form 1040) .....
- 7 Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....
- 8 Other gains or losses (submit a copy of federal Form 4797) .....
- 9 Taxable amount of IRA distributions. If received as a beneficiary, mark an **X** in the box ...
- 10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an **X** in the box
- 11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)
- 
- 12 Rental real estate included in line 11 ..... **12** .00
- 13 Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....
- 14 Unemployment compensation .....
- 15 Taxable amount of Social Security benefits (also enter on line 27) .....
- 16 Other income (see page 16) *Identify:* 1099-MISC BOX 3
- 
- 17 Add lines 1 through 11 and 13 through 16 .....
- 18 Total federal adjustments to income (see page 16) *Identify:*
- 
- 19 **Federal adjusted gross income** (subtract line 18 from line 17) .....

Whole dollars only	
<b>1</b>	68514.00
<b>2</b>	.00
<b>3</b>	840.00
<b>4</b>	.00
<b>5</b>	.00
<b>6</b>	.00
<b>7</b>	.00
<b>8</b>	.00
<b>9</b>	.00
<b>10</b>	.00
<b>11</b>	.00

**New York additions** (see page 17)

- 20 Interest income on state and local bonds and obligations (but not those of NYS or its local governments)
- 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)
- 22 **New York's** 529 college savings program distributions (see page 17) .....
- 23 Other (Form IT-225, line 9) .....
- 24 Add lines 19 through 23 .....

<b>20</b>	.00
<b>21</b>	3418.00
<b>22</b>	.00
<b>23</b>	.00
<b>24</b>	73822.00

**New York subtractions** (see page 18)

- 25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)
- 26 Pensions of NYS and local governments and the federal government (see page 18)
- 27 Taxable amount of Social Security benefits (from line 15) .....
- 28 Interest income on U.S. government bonds .....
- 29 Pension and annuity income exclusion (see page 19) .....
- 30 **New York's** 529 college savings program deduction/earnings
- 31 Other (Form IT-225, line 18).....
- 32 Add lines 25 through 31 .....
- 33 **New York adjusted gross income** (subtract line 32 from line 24) .....

<b>25</b>	.00
<b>26</b>	.00
<b>27</b>	.00
<b>28</b>	.00
<b>29</b>	.00
<b>30</b>	.00
<b>31</b>	.00



<b>32</b>	.00
<b>33</b>	73822.00

**Standard deduction or itemized deduction** (see page 21)

- 34 Enter your **standard deduction** (table on page 21) or your **itemized deduction** (from Form IT-196)  
Mark an **X** in the appropriate box:  Standard - or -  Itemized
- 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....
- 36 Dependent exemptions (enter the number of dependents listed in item H; see page 21) .....
- 37 **Taxable income** (subtract line 36 from line 35) .....

<b>34</b>	8000.00
<b>35</b>	65822.00
<b>36</b>	000.00
<b>37</b>	65822.00

201002191555



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Name(s) as shown on page 1 LAURA M MATTIACE	Your Social Security number 125801511
--	--

IT-201 (2019) Page 3 of 4  
REV 03/27/20 TTW**Tax computation, credits, and other taxes**

38 Taxable income (from line 37 on page 2) .....	38	65822 .00
39 NYS tax on line 38 amount (see page 22) .....	39	3801 .00
40 NYS household credit (page 22, table 1, 2, or 3) .....	40	.00
41 Resident credit (see page 23) .....	41	.00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	42	.00
43 Add lines 40, 41, and 42 .....	43	.00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) .....	44	3801 .00
45 Net other NYS taxes (Form IT-201-ATT, line 30) .....	45	.00
<b>46 Total New York State taxes (add lines 44 and 45) .....</b>	<b>46</b>	<b>3801 .00</b>

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

47 NYC taxable income (see instructions) .....	47	.00
47a NYC resident tax on line 47 amount (see page 23).....	47a	.00
48 NYC household credit (page 23) .....	48	.00
49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank) .....	49	.00
50 Part-year NYC resident tax (Form IT-360.1) .....	50	.00
51 Other NYC taxes (Form IT-201-ATT, line 34) .....	51	.00
52 Add lines 49, 50, and 51 .....	52	.00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10) .....	53	.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) .....	54	.00
<b>54a MCTMT net earnings base....</b>	<b>54a</b>	<b>.00</b>
54b MCTMT .....	54b	.00
55 Yonkers resident income tax surcharge (see page 26) ....	55	.00
56 Yonkers nonresident earnings tax (Form Y-203) .....	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
<b>58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..</b>	<b>58</b>	<b>.00</b>
<b>59 Sales or use tax (see page 27; do not leave line 59 blank)</b> .....	<b>59</b>	<b>0 .00</b>
<b>60 Voluntary contributions (Form IT-227, Part 2, line 1)</b> .....	<b>60</b>	<b>.00</b>
<b>61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)</b> .....	<b>61</b>	<b>3801 .00</b>

See instructions on  
pages 23 through 26 to  
compute New York City and  
Yonkers taxes, credits, and  
surcharges, and MCTMT.



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201003191555



125801511

62 Enter amount from line 61 .....

62

3801 .00

**Payments and refundable credits** (see pages 28 through 31)

63 Empire State child credit .....	63	.00
64 NYS/NYC child and dependent care credit .....	64	.00
65 NYS earned income credit (EIC) .....	65	.00
66 NYS noncustodial parent EIC .....	66	.00
67 Real property tax credit .....	67	.00
68 College tuition credit .....	68	.00
69 NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a NYC school tax credit (rate reduction amount) .....	69a	.00
70 NYC earned income credit .....	70	.00
70a NYC enhanced real property tax credit .....	70a	.00
71 Other refundable credits (Form IT-201-ATT, line 18) .....	71	.00
72 Total New York State tax withheld .....	72	3687 .00
73 Total New York City tax withheld .....	73	.00
74 Total Yonkers tax withheld .....	74	.00
75 Total estimated tax payments and amount paid with Form IT-370	75	.00



If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 13).

**Do not send federal Form W-2 with your return.**

**76 Total payments** (add lines 63 through 75) .....

76 3687 .00

**Your refund, amount you owe, and account information** (see pages 32 through 34)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 32) .....	77	.00
78 Amount of line 77 available for refund (subtract line 79 from line 77) .....	78	.00
78a Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b Total refund after NYS 529 account deposit (subtract line 78a from line 78) .....	78b	.00

<b>Mark one refund choice:</b> <input type="checkbox"/> direct deposit to checking or savings account (fill in line 83) - or - <input type="checkbox"/> paper check	79	.00
79 Amount of line 77 that you want applied to your 2020 estimated tax (see instructions) .....	79	.00
80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box <input checked="" type="checkbox"/> and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. .....	80	114 .00
81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33) .....	81	.00
82 Other penalties and interest (see page 33) .....	82	.00

**Refund?** Direct deposit is the easiest, fastest way to get your refund.

**See page 33 for payment options.**

83 Account information for direct deposit or electronic funds withdrawal (see page 34). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 34) <input type="checkbox"/>	83a Account type: <input type="checkbox"/> Personal checking - or - <input checked="" type="checkbox"/> Personal savings - or - <input type="checkbox"/> Business checking - or - <input type="checkbox"/> Business savings
83b Routing number 021000089	83c Account number 23283381
84 Electronic funds withdrawal (see page 34) .....	Date 04092020
	Amount 114 .00

**See page 36 for the proper assembly of your return.**

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/> Email:	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
▼ Paid preparer must complete ▼ (see instructions) Preparer's signature		Preparer's NYTPRIN excl. code	▼ Taxpayer(s) must sign here ▼ Your signature
Preparer's printed name		Preparer's PTIN or SSN	Preparer's occupation CLERK
Firm's name (or yours, if self-employed) SELF-PREPARED		Employer identification number	Spouse's signature and occupation (if joint return)
Address		Date	Date Daytime phone number ( 516 ) 488 7153
Email: GMATTIAW@GMAIL.COM			

See instructions for where to mail your return.

201004191555



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**Summary of W-2 Statements****IT-2**

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

**W-2 Record 1**

Box a Employee's Social Security number for this W-2 Record

125801511
Box b Employer identification number (EIN)
146013200

Box 1 Wages, tips, other compensation

67969.00
----------

Box 8 Allocated tips

.00
-----

Box 10 Dependent care benefits

.00
-----

Box 11 Nonqualified plans

.00
-----

Box 13 Statutory employee  Retirement plan  Third-party sick pay NY State information: Box 15a  
NY State  N|YOther state information: Box 15b  
other state NYC and Yonkers  
information (see instr.):

Locality a	.00
Locality b	.00

Box 12a Amount	Code	Box 14a Amount	Description
9490.00	D   D	3418.00	414HSUB
Box 12b Amount	Code	Box 14b Amount	Description
3398.00	E   E	9.00	EXP
Box 12c Amount	Code	Box 14c Amount	Description
.00		.00	
Box 12d Amount	Code	Box 14d Amount	Description
.00		.00	

Corrected (W-2c) 

Box 16a NYS wages, tips, etc.

67969.00
----------

Box 16b Other state wages, tips, etc.

.00
-----

Box 17a NYS income tax withheld

3687.00
---------

Box 17b Other state income tax withheld

.00
-----

Box 18 Local wages, tips, etc.

Locality a .00
Locality b .00

Box 19 Local income tax withheld

Locality a .00
Locality b .00

Box 20 Locality name

Locality a
Locality b

Do not detach.

**W-2 Record 2**

Box a Employee's Social Security number for this W-2 Record

125801511
Box b Employer identification number (EIN)
412258087

Box 1 Wages, tips, other compensation

545.00
--------

Box 8 Allocated tips

.00
-----

Box 10 Dependent care benefits

.00
-----

Box 11 Nonqualified plans

.00
-----

Box 13 Statutory employee  Retirement plan  Third-party sick pay NY State information: Box 15a  
NY State  N|YOther state information: Box 15b  
other state NYC and Yonkers  
information (see instr.):

Locality a .00
Locality b .00

Box c Employer's information

Employer's name

BAKERTOWNE VALLEY, INC

Employer's address (number and street)

431 BUNKER DRIVE

City OCEANSIDE	State NY	ZIP code 11572	Country (if not United States)
----------------	----------	----------------	--------------------------------

Box 12a Amount	Code	Box 14a Amount	Description
.00		.00	
Box 12b Amount	Code	Box 14b Amount	Description
.00		.00	
Box 12c Amount	Code	Box 14c Amount	Description
.00		.00	
Box 12d Amount	Code	Box 14d Amount	Description
.00		.00	

Corrected (W-2c) 

Box 16a NYS wages, tips, etc.

545.00
--------

Box 16b Other state wages, tips, etc.

.00
-----

Box 17a NYS income tax withheld

0.00
------

Box 17b Other state income tax withheld

.00
-----

Box 18 Local wages, tips, etc.

Locality a .00
Locality b .00

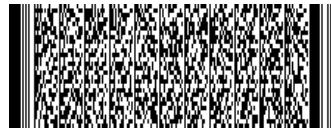
Box 19 Local income tax withheld

Locality a .00
Locality b .00

Box 20 Locality name

Locality a
Locality b

102001191555



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**Two-Year Comparison**

**2019**

Name as Shown on Return <u>LAURA M MATTIACE</u>	Social Security No. <u>125-80-1511</u>		
	2018	2019	Difference
			%
<b>Federal Adjusted Gross Income</b>	<b>55,937.</b>	<b>70,404.</b>	<b>14,467.</b>
<b>New York Additions</b>			25.86
State and local interest income . . . . .			
Public employee 414(h) retirement contributions . . . . .	2,543.	3,418.	875.
New York's 529 college savings program distributions . . . . .			34.41
Other New York additions . . . . .			
<b>Total New York Additions</b> . . . . .	<b>2,543.</b>	<b>3,418.</b>	<b>875.</b>
<b>New York Subtractions</b>			34.41
State tax refund . . . . .			
Government pension exclusion . . . . .			
Taxable social security benefits . . . . .			
U.S. government interest income . . . . .			
Pension and annuity income exclusion . . . . .			
New York's 529 college savings program deductions/earnings . . . . .			
Other New York subtractions . . . . .			
<b>Total New York Subtractions</b> . . . . .			
<b>New York Adjusted Gross Income</b> . . . . .	<b>58,480.</b>	<b>73,822.</b>	<b>15,342.</b>
Standard or Itemized Deduction . . . . .	8,000.	8,000.	0.
Dependent exemptions . . . . .			0.00
<b>New York Taxable Income</b> . . . . .	<b>50,480.</b>	<b>65,822.</b>	<b>15,342.</b>
New York State tax . . . . .	2,882.	3,801.	919.
New York State nonrefundable credits . . . . .			31.89
Other New York State taxes . . . . .			
Total New York State taxes . . . . .	2,882.	3,801.	919.
New York City taxes . . . . .			31.89
Yonkers City taxes . . . . .			
Use tax . . . . .	0.	0.	0.
Voluntary gifts/contributions . . . . .			
<b>Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions</b> . . . . .	<b>2,882.</b>	<b>3,801.</b>	<b>919.</b>
Withholding . . . . .	2,850.	3,687.	837.
Estimated tax payments, extension payment, and amount applied from prior year return . . . . .			29.37
Refundable credits . . . . .			
<b>Total payments and refundable credits</b> . . . . .	<b>2,850.</b>	<b>3,687.</b>	<b>837.</b>
Underpayment penalty . . . . .			29.37
Applied to next year's estimated tax . . . . .			
<b>Refund</b> . . . . .			
<b>Balance Due</b> . . . . .	<b>32.</b>	<b>114.</b>	<b>82.</b>
			<b>256.25</b>